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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB-06)				Application Number 10/630,138		Filing Date 29 July, 2003		<input type="checkbox"/> To be Mailed				
				Applicant(s) GOLLNICK ET AL.		Page 1 of 3						
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	x						51	x				
2	x						52	1				
3	x						53	x				
4	x						54	x				
5	x						55	x				
6	x						56		1			
7	x						57		1			
8	x						58		1			
9	x						59		1			
10	x						60		1			
11	x						61		1			
12	x						62		1			
13	x						63	1				
14	x						64		1			
15	x						65		1			
16	x						66		1			
17	x						67		1			
18	x						68		1			
19	x						69		1			
20	x						70		1			
21	x						71		1			
22	x						72		1			
23	x						73		1			
24	x						74		1			
25	x						75		1			
26	x						76		1			
27	x						77		1			
28	x						78		1			
29	x						79		1			
30	x						80		1			
31	x						81		1			
32	x						82		1			
33	x						83		1			
34	x						84		1			
35	x						85		1			
36	x						86		1			
37	x						87		1			
38	1						88		1			
39		1					89		1			
40		1					90		1			
41		1					91		1			
42	1						92		1			
43		1					93		1			
44		1					94		1			
45		1					95		1			
46	1						96		1			
47	x						97		1			
48	1						98		1			
49		1					99		1			
50	x						100		1			
Total Indep	6						Total Indep					
Total Depend		196					Total Depend					
Total Claims	202						Total Claims					

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Part of Paper No20081016-1.

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**Substitute for Form PTO-1360
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Application Number

10/630,138

Filing Date

29 July, 2003

Applicant(s)

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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101		1					151		1			
102		1					152		1			
103		1					153		1			
104		1					154		1			
105		1					155		1			
106		1					156		1			
107		1					157		1			
108		1					158		1			
109		1					159		1			
110		1					160		1			
111		1					161		1			
112		1					162		1			
113		1					163		1			
114		1					164		1			
115		1					165		1			
116		1					166		1			
117		1					167		1			
118		1					168		1			
119		1					169		1			
120		1					170		1			
121		1					171		1			
122		1					172		1			
123		1					173		1			
124		1					174		1			
125		1					175		1			
126		1					176		1			
127		1					177		1			
128		1					178		1			
129		1					179		1			
130		1					180		1			
131		1					181		1			
132		1					182		1			
133		1					183		1			
134		1					184		1			
135		1					185		1			
136		1					186		1			
137		1					187		1			
138		1					188		1			
139		1					189		1			
140		1					190		1			
141		1					191		1			
142		1					192		1			
143		1					193		1			
144		1					194		1			
145		1					195		1			
146		1					196		1			
147		1					197		1			
148		1					198		1			
149		1					199		1			
150		1					200		1			
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
201		1					251					
202		1					252					
203		1					253					
204		1					254					
205		1					255					
206		1					256					
207		1					257					
208		1					258					
209		1					259					
210		1					260					
211		1					261					
212		1					262					
213		1					263					
214		1					264					
215		1					265					
216		1					266					
217		1					267					
218		1					268					
219		1					269					
220		1					270					
221		1					271					
222		1					272					
223		1					273					
224		1					274					
225		1					275					
226		1					276					
227		1					277					
228		1					278					
229		1					279					
230		1					280					
231		1					281					
232		1					282					
233		1					283					
234		1					284					
235		1					285					
236		1					286					
237		1					287					
238		1					288					
239		1					289					
240		1					290					
241		1					291					
242		1					292					
243		1					293					
244		1					294					
245		1					295					
246		1					296					
247							297					
248							298					
249							299					
250							300					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

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